

MEDICAL CIGNA PPO

FREQUENTLY ASKED QUESTIONS

What does PPO stand for?

Preferred Provider Organization – this type of insurance allows the employee to choose any health care provider. If the provider is in-network, there is a savings to the employee.

How do I find an in- network physician?

Call Customer Service at 1-800-244-6224, or look up the directory listing on Cigna's web site address at www.cigna.com or pick up a directory at the Benefits Office.

Do I have to select a physician that is in the network?

No, you may select any physician you want, but keep in mind there is a substantial savings to you when you go in-network.

What is the difference between in-network versus out-of-network?

In the in-network arrangement the physician or health provider has a contract with Cigna PPO insurance that specifies the amount of discount they will give for a medical procedure. The cost savings is passed on to the employee and Fermilab.

In the out-of-network arrangement the physician or health provider does not have any type of contractual agreement with Cigna PPO. No type of discount is given on a medical procedure and there is no cost savings passed on to either you or Fermilab.

Can each family member have a different physician?

Yes, family members can select their own physician in-network or out-of network.

What is the cost to go to a physician who is in-network?

If the physician is in-network you pay a \$15 co-pay.

What is the cost to go to a physician who is out-of-network?

If the physician is out of-network, you must have met your deductible of \$500 per calendar year and then Cigna will pay for 80% of reasonable and customary charges and you are responsible for the remainder of the claim, which at the minimum would be 20% of the claim, but could be higher.

What is a reasonable and customary charge?

They are charges that fall within what is standard for that service or supply in the geographic area where the service is performed. The rate is set by Cigna.

Is a referral required to go to a specialist?

No, you can choose any specialist that you desire and you are not required to have a referral. The preceding payment schedule applies.

Do I need preauthorization to be admitted to a hospital?

Yes, you need preauthorization for hospital admissions. The number to call is 1-800-244-6224.

What are the co-pays for prescription drugs?

	Pharmacy 30 day supply	Mail order 90 day supply
Generic	\$10	\$20
Preferred brand	\$20	\$40
Non-preferred brand	\$40	\$80

To obtain a listing of medications and how they are classified, go to Cigna's website address at www.cigna.com

How do I obtain information about prescriptions by mail?

CIGNA offers home delivery of prescription medications through CIGNA Tel-Drug. The forms are available on Cigna's website address at www.cigna.com or you can pick up the information in the benefits office.

How do I add or delete a dependent?

Information is provided in the URA/ Summary Plan Description under the Medical Section on page 10. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html>. You will need to visit the Benefits Office to complete a Fermilab Benefit Action Form to enroll the new dependent or to delete a dependent.

How do I handle a case where Cigna states that my dependent has been terminated from the medical insurance plan?

You will need to contact the benefits office to correct the problem.

What should I do if I lose my card?

Call Cigna at 1-800-244-6224 to obtain another card.

How do I file a claim?

In network claims do not require a claim form. Your physicians' office should electronically submit the claim to Cigna.

For out-of-network claims, either the physician's office can submit the claim or you can submit it yourself directly to Cigna by completing the Cigna claim form.

How can I obtain a claim form?

The forms are available on their website address at www.cigna.com, or you can pick up the forms in the benefits office or print one off our Benefits website at <http://lss.fnal.gov/benedept/forms.html>

How long will it take to process my claim?

Upon the receipt of the claim at Cigna, it takes about 15 days to process your claim.

How will I know that my medical claim has been processed?

You will receive an explanation of benefits (EOB) statement. This statement is a confirmation that a claim has been processed and it will provide detailed information about deductibles, co- insurance and adjustments that have been taken.

How can I obtain another copy of the EOB?

You register with Cigna to have access to your personal information at their website address at www.cigna.com or call Member Services at 1-800-244-6226.

Up to what age is my dependent child covered?

Your dependent child can be covered if they are unmarried, primarily supported by you and less than 19 years old. If the dependent child is a full time student, they can continue to be covered until the day of their 23rd birth date.

How does COBRA work in relation to my medical benefits?

Please refer to the URA/ Summary Plan Description under the medical section on pages 11 - 12 for all of the details. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html>

What is a deductible?

The amount of eligible out of pocket expenses you must pay each calendar year before Cigna pays for specific benefits.

Which benefits are subject to a deductible?

Please refer to the URA/Summary Plan Description under the medical section on page 4 for details or Cigna's PPO medical certificate. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html>

What is the annual deductible for individual and family?

The deductible for in-network is \$250 per person and the maximum is \$750 for 3 family members per calendar year. For out-of-network the deductible is \$500 per person and \$1500 for 3 family members.

After the deductible has been met, what is the level of coverage?

In-network claims will be paid at 90% of the claim and you are responsible for 10% and out-of-network claims will be paid at 80% and you are responsible for 20%

What is the maximum out of pocket expense that I am responsible for?

The out-of pocket is \$1,500 per person and \$4,500 per family for in-network and \$3,000 per person and \$9,000 for family for out-of-network. Once you have met the maximum out of pocket expenses, the rest of the eligible claims for that calendar year are covered at 100%.

What is not covered as an out of pocket expense?

Your co-pays and deductibles are not covered under the out of pocket limit.

Is an annual physical covered?

When you go to an in-network provider, you pay \$15 co-pay and up to \$300 of expenses are covered at 100%. An annual exam is not covered when you go to an out-of-network provider.

Are eye exams covered?

An eye exam is covered only when the office visit is for a disease of the eye and not an exam to obtain a prescription for glasses.

Is there a lifetime maximum coverage?

You are subject to a lifetime maximum of \$2,000,000; it is cross accumulated between in-network and out-of-network. This is applied to each individual member.

How can I obtain information about the appeals or grievance procedure?

The process can be reviewed in the URA/Summary Plan Description under the medical section for active and retired employees on page 16, in your certificate book or on Cigna's website at www.cigna.com

The summary information presented in these frequently asked questions is intended to describe the medical and dental plans sponsored by Fermilab. It is based on plan official documents. Even though this summary is intended to be accurate, the official documents contain all of the specific provisions of the plans. If there are any discrepancies between this summary and the official documents, the official documents will govern. Nothing on this web site says or implies that your participation in the plans is a guarantee of your continued employment with Fermilab. Nor is it a guarantee that participation in the plans will exist or remain unchanged in future years. Fermilab has the right and sole discretion to suspend, amend, or terminate the plans at any time in any matter to the extent permitted by law.